

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.** **Employer identification number** **20-2401676**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			750,077.	0.	750,077.	2.19%
b Medicaid (from Worksheet 3, column a)			3657698.	967,168.	2690530.	7.86%
c Costs of other means-tested government programs (from Worksheet 3, column b)			3445384.	1391140.	2054244.	6.00%
d Total. Financial Assistance and Means-Tested Government Programs			7853159.	2358308.	5494851.	16.05%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			80,894.	0.	80,894.	.24%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			25,488.	0.	25,488.	.07%
j Total. Other Benefits			106,382.		106,382.	.31%
k Total. Add lines 7d and 7j			7959541.	2358308.	5601233.	16.36%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTYLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **COMMUNITY HOSPITAL OF LAGRANGE COUNTY**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTY

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group COMMUNITY HOSPITAL OF LAGRANGE COUNTY**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2020

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

PARKVIEW HEALTH SYSTEM, INC. INCLUDING COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., CONDUCTED ITS LAST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. OVER THE COURSE OF ADMINISTERING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE INDIANA PARTNERSHIP FOR HEALTH COMMUNITIES (IN-PHC) RESEARCH TEAM WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT.

THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) IS A COLLABORATION BETWEEN THE POLIS CENTER AT IUPUI (POLIS) AND THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH (FSPH). FORMED WITH SUPPORT FROM THE INDIANA CLINICAL AND TRANSLATIONAL SCIENCES INSTITUTE (I-CTSI), ITS MISSION IS TO HELP BUILD THE CAPACITY OF HOSPITALS, LOCAL HEALTH DEPARTMENTS, AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE THE HEALTH OF INDIANA COMMUNITIES. IN-PHC DOES THIS BY TRANSLATING KNOWLEDGE GENERATED BY THE ACADEMY AND BY COMMUNITIES INTO IMPROVED AND SUSTAINABLE PROCESSES FOR UNDERSTANDING AND EFFECTING COMMUNITY HEALTH.

THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT USED THREE SOURCES OF PRIMARY DATA: 1) A PHONE SURVEY OF THE COMMUNITY CONDUCTED ON BEHALF OF PARKVIEW LAGRANGE HOSPITAL BY THE IN-PHC COMPLETED IN MARCH 2019; 2) AN ONLINE SURVEY DEVELOPED BY THE IN-PHC AND DISTRIBUTED BY THE HOSPITAL TO AREA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDERS INCLUDING PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE

PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN

AILING VULNERABLE POPULATIONS COMPLETED IN JUNE 2019; AND 3) A WRITTEN

SURVEY, FOR THE AMISH COMMUNITY IN LAGRANGE COUNTY, WAS DISTRIBUTED

THROUGH COMMUNITY LEADERS, AND WAS COMPLETED IN THE SUMMER OF 2019.

THE PARKVIEW HEALTH COMMUNITY DASHBOARD DEVELOPED BY HEALTHY COMMUNITIES

INSTITUTE WAS USED AS A PRIMARY SOURCE OF SECONDARY DATA. THIS DASHBOARD

INCLUDES DATA FROM THE INDIANA HOSPITAL ASSOCIATION AS WELL AS THE INDIANA

STATE DEPARTMENT OF HEALTH, NATIONAL CANCER INSTITUTE, CENTERS FOR DISEASE

CONTROL AND PREVENTION, CENTERS FOR MEDICAID AND MEDICARE SERVICES, THE

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD AND TB PREVENTION,

INSTITUTE FOR HEALTH METRICS AND EVALUATION, COUNTY HEALTH RANKINGS

WEBSITE, US CENSUS BUREAU, US DEPARTMENT OF AGRICULTURE, AND OTHER

SOURCES. ADDITIONAL STATE AND NATIONAL SECONDARY DATA SOURCES WERE

ACCESSED BY THE CHNA TEAM FOR MORE RECENT AND GEOGRAPHICALLY SPECIFIC

INFORMATION, INCLUDING THE FOLLOWING:

- AMERICAN COMMUNITY SURVEY: THE AMERICAN COMMUNITY SURVEY (ACS) HELPS LOCAL OFFICIALS, COMMUNITY LEADERS, AND BUSINESSES UNDERSTAND THE CHANGES TAKING PLACE IN THEIR COMMUNITIES. IT IS THE PREMIER SOURCE FOR DETAILED POPULATION AND HOUSING INFORMATION ABOUT OUR NATION.

- ANNIE E. CASEY FOUNDATION: THE ANNIE E. CASEY FOUNDATION IS A PRIVATE PHILANTHROPIC ORGANIZATION THAT WORKS TO BUILD A BRIGHTER FUTURE FOR DISADVANTAGED CHILDREN IN THE UNITED STATES. THE KIDS COUNT DATA BOOK OFFERS A NATIONAL LOOK AT THE WELL-BEING OF AMERICA'S CHILDREN AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FAMILIES BY EXPLORING HOW STATES ARE PERFORMING ON KEY DATA INDICATORS.

- CENTER FOR DISEASE CONTROL AND PREVENTION: AS A FEDERALLY FUNDED AGENCY, CDC SERVES AS A GREAT RESOURCE FOR MORTALITY AND MORBIDITY DATA FOR ALL THE INFECTIOUS AND CHRONIC DISEASES AND OTHER CONDITIONS.

- COUNTY HEALTH RANKINGS: A ROBERT WOOD JOHNSON FOUNDATION PROGRAM IMPLEMENTED BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE THAT RELEASES NEW ESTIMATES ANNUALLY MEASURING HEALTH ACROSS ALL US COUNTIES. THESE DATA ARE COMPILED FROM A VARIETY OF PROVIDERS AND TYPICALLY COMBINES DATA ACROSS MULTIPLE YEARS TO RELEASE ESTIMATES FOR AREAS WITH SMALL POPULATIONS, SUCH AS RURAL COUNTIES.

- CENTERS FOR MEDICARE & MEDICAID SERVICES: THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) PROVIDES HEALTH COVERAGE TO MORE THAN 100 MILLION PEOPLE THROUGH MEDICARE, MEDICAID, AND THE CHILDREN'S HEALTH INSURANCE PROGRAM, AND THE HEALTH INSURANCE MARKETPLACE. THE CMS SEEKS TO STRENGTHEN AND MODERNIZE THE NATION'S HEALTH CARE SYSTEM TO PROVIDE ACCESS TO HIGH QUALITY CARE AND IMPROVED HEALTH AT LOWER COSTS.

- FEEDING AMERICA: A NONPROFIT ORGANIZATION WORKING TO FEED AMERICA'S HUNGRY THROUGH FOOD BANKS. DATA ARE COMPILED FROM THE CURRENT POPULATION SURVEY, AMERICAN COMMUNITY SURVEY, AND BUREAU OF LABOR STATISTICS TO PRODUCE FOOD-INSECURITY REPORTS.

- INDIANA INDICATORS: A FREE DATA RESOURCE PROVIDING CURRENT INDIANA HEALTH-RELATED DATA AT THE STATE AND COUNTY LEVELS AND DEVELOPED BY THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INDIANA STATE DEPARTMENT OF HEALTH, INDIANA HOSPITAL ASSOCIATION, AND
INDIANA BUSINESS RESEARCH CENTER.

- INDIANA STATE DEPARTMENT OF HEALTH (ISDH): THE ISDH'S ANNUAL NATALITY
REPORT INCLUDES INFORMATION ON LIVE BIRTHS IN INDIANA AS WELL AS A
MORTALITY REPORT COMPILING INFORMATION ON THE DEATHS OF INDIANA RESIDENTS.

- NATIONAL CANCER INSTITUTE: THE NATIONAL CANCER INSTITUTE (NCI) IS THE
FEDERAL GOVERNMENT'S PRINCIPAL AGENCY FOR CANCER RESEARCH AND TRAINING.
NCI MAINTAIN LARGE REGISTRIES OF INFORMATION ABOUT PEOPLE DIAGNOSED WITH
CANCER TO HELP IDENTIFY IMPORTANT ISSUES THAT AFFECT CANCER PATIENTS AND
SURVIVORS.

- NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION:
THE NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
IS ONE OF THE LARGER CENTERS AT CDC AND A FEDERAL SOURCE OF DATA ABOUT
SEXUALLY TRANSMITTED INFECTIONS AND DISEASES.

- THE NATIONAL ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK: THE TRACKING
NETWORK BRINGS TOGETHER HEALTH DATA AND ENVIRONMENT DATA FROM NATIONAL,
STATE, AND CITY SOURCES AND PROVIDES SUPPORTING INFORMATION TO MAKE THE
DATA EASIER TO UNDERSTAND.

- US CENSUS BUREAU: A LEADING SOURCE OF DATA ON THE PEOPLE AND ECONOMY OF
THE US.

- 2018 INDIANA ASSOCIATION OF ADULT DAY SERVICES (IAADS) SURVEY: THE 5TH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ANNUAL INDIANA ADULT DAY CENTER SURVEY WAS CONDUCTED DURING THE SUMMER OF 2018 BY THE MEMBER RELATIONS COMMITTEE OF THE IAADS BOARD OF DIRECTORS. FOR THE FIRST TIME, CENTERS WERE GIVEN THE OPTION TO COMPLETE THE SURVEY ONLINE AS WELL AS BY TELEPHONE. SEVENTY-SEVEN PERCENT OF THOSE RESPONDING USED THE ONLINE OPTION. RESULTS WERE TABULATED BASED ON INDIVIDUAL SURVEY DATA.

FOLLOWING THE PRIMARY DATA COLLECTION THAT WAS CONDUCTED FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT WAS GATHERED FROM THE COMMUNITY MEMBERS WHO SIT ON THE COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. BOARD OF DIRECTORS AT THEIR SEPTEMBER 2019 MEETING. BASED ON THIS REVIEW AND INPUT, THREE PRIORITIES WERE RECOMMENDED FOR ADDITIONAL EMPHASIS, WHICH ARE: 1) MENTAL HEALTH/SUBSTANCE USE DISORDER, 2) OBESITY, 3) MATERNAL/INFANT/CHILD HEALTH - WITH SPECIFIC FOCUS ON CHILD HEALTH.

THIS INFORMATION WAS THEN PRESENTED AT A COMMUNITY MEETING ON NOVEMBER 4, 2019 THAT WAS OPEN TO THE PUBLIC. REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS WERE PRESENT: YMCA, LAGRANGE COUNTY COMMUNITY FOUNDATION, BRIGHTPOINT, COMMUNITY HEALTH CLINIC, COMMUNITY DENTAL CLINIC, PLAIN CHURCH GROUP MINISTRY LLC, LAGRANGE COUNTY SHERIFF'S DEPARTMENT, PURDUE EXTENSION, TOPEKA PHARMACY, LAGRANGE COUNTY HEALTH COALITION, LAGRANGE COUNTY HEALTH DEPARTMENT, LAGRANGE COUNTY COMMISSIONER, LAGRANGE COUNTY ECONOMIC DEVELOPMENT AND TC ENERGY. AT THIS COMMUNITY MEETING, A SUMMARY PRESENTATION OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS GIVEN AND THE THREE PRIORITIES OUTLINED ABOVE WERE SHARED. THOSE PRESENT WERE ASKED TO CONSIDER BECOMING INVOLVED IN COLLABORATIVE GROUPS THAT WERE FORMED, ONE FOR EACH OF THE HEALTH PRIORITIES IDENTIFIED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN 2020, COLLABORATIVE GROUPS, INCLUDING THE COMMUNITY STAKEHOLDERS IDENTIFIED ABOVE, FOR EACH OF THE THREE HEALTH PRIORITIES MET REGULARLY TO REVIEW ADDITIONAL DATA SOURCES, DEVELOP AN IMPLEMENTATION STRATEGY, AND BEGIN TO DEVELOP TACTICS TO ROLL OUT AND MEASURE UNTIL THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT IS CONDUCTED IN 2022.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384); INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

MENTAL HEALTH:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS MENTAL HEALTH/SUBSTANCE USE DISORDER. THIS WAS IDENTIFIED AS THE TOP NEED IN OUR REGION BASED ON RESULTS FROM THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, MEASURING THE PERCENT OF THE POPULATION WITH FREQUENT MENTAL DISTRESS. IN 2020, THE COLLABORATIVE GROUP MEETING FREQUENCY AND EFFORTS WERE IMPACTED BY COVID-19, HOWEVER, THE MENTAL HEALTH/SUBSTANCE USE COLLABORATIVE MADE PROGRESS IN THE FOLLOWING AREA:

-UTILIZED SHIP FUNDING TO ACQUIRE DRUG DISPOSAL BAGS THAT CAN SAFELY BE USED TO DEACTIVATE PILLS, LIQUID OR PATCHES AND HELP TO REDUCE THE LIKELIHOOD OF PRESCRIPTION DRUG ABUSE. THESE BAGS WERE PLACED THROUGHOUT LAGRANGE COUNTY IN KEY LOCATIONS, SOME OF WHICH ARE: LAGRANGE COUNTY HEALTH DEPARTMENT, HOSPITAL EMERGENCY ROOM, COUNTY PHYSICIAN OFFICES, AND LAGRANGE COUNTY COUNCIL ON AGING.

-UTILIZED SHIP FUNDING TO HAVE THREE INDIVIDUALS TRAINED SO THEY CAN TEACH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE QPR GATEKEEPER SUICIDE PREVENTION CURRICULUM.

WITH ASSISTANCE FROM PARKVIEW BEHAVIORAL HEALTH INSTITUTE, AN EVIDENCE-BASED SUICIDE PREVENTION STRATEGY KNOWN AS QUESTION, PERSUADE AND REFER (QPR) IS OFFERED AS A FREE TRAINING PROGRAM TO EQUIP PARTICIPANTS TO RECOGNIZE THE WARNING SIGNS OF SUICIDE AND HOW TO TAKE STEPS TO INTERVENE. SINCE BEING IMPLEMENTED IN 2017, OVER 934 PEOPLE HAVE RECEIVED THIS EDUCATION, WITH 82 PEOPLE BEING TRAINED IN 2020. THE GOAL OF THIS PROGRAM IS TO REDUCE THE NUMBER OF SUICIDE COMPLETIONS IN LAGRANGE COUNTY.

THE LIFEBRIDGE SENIOR INTENSIVE OUTPATIENT PROGRAM IS A SPECIALTY MENTAL/BEHAVIORAL PROGRAM DESIGNED TO MEET THE NEEDS OF OLDER ADULTS FOCUSING ON PROVIDING INTENSIVE INDIVIDUAL, FAMILY AND/OR GROUP SERVICES. SINCE ITS INCEPTION IN 2014 AT COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., THE PROGRAM HAS PROVIDED OVER 13,000 HOURS OF DIRECT COUNSELING SERVICES TO INDIVIDUALS IN LAGRANGE, STEUBEN AND NOBLE COUNTIES, WITH 2,360 HOURS BEING PROVIDED TO 39 PATIENTS IN 2020. IN ADDITION, EACH OF THE INDIVIDUALS ENROLLED IN THE LIFEBRIDGE PROGRAM ATTEND MONTHLY APPOINTMENTS WITH MEDICAL DIRECTOR/PSYCHIATRIST FOR MEDICATION MANAGEMENT AND TREATMENT PLANNING. AT EACH VISIT, INDIVIDUALS ARE SCREENED BY NURSING STAFF FOR VITALS, MEDICATION RECONCILIATION AND ANY MEDICAL CONCERNS ARE IMMEDIATELY COMMUNICATED TO THE INDIVIDUAL'S PRIMARY CARE PHYSICIAN. FAMILY AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE IN THE TREATMENT PROCESS. LIFEBRIDGE PROVIDES A COHESIVE TREATMENT TEAM TO INCREASE INDIVIDUAL'S MENTAL HEALTH AND PHYSICAL WELL-BEING.

OBESITY:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS OBESITY. THIS WAS IDENTIFIED AS A TOP NEED IN OUR COUNTY BASED ON RESULTS FROM THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. THIS GROUP WILL BE WORKING ON PROVIDING PUBLIC EDUCATION ON WHY IT IS IMPORTANT TO BE HEALTHY, INCREASING ACCESS TO FITNESS IN LAGRANGE COUNTY, AND PARTNERING WITH LAGRANGE COUNTY RESTAURANTS TO INCREASE HEALTHY FOOD OPTIONS BEING OFFERED. THE GOAL OF THIS COLLABORATIVE GROUP IS TO SEE A REDUCTION IN THE NUMBER OF OBESE AND OVERWEIGHT INDIVIDUALS IN THE COUNTY. IN 2020, THE COLLABORATIVE GROUP MEETING FREQUENCY AND EFFORTS WERE IMPACTED BY COVID-19, HOWEVER, THE OBESITY COLLABORATIVE MADE PROGRESS IN THE FOLLOWING AREA:

-LAGRANGE COUNTY COMMUNITY MEMBERS WERE ENCOURAGED TO PARTICIPATE IN THE GREAT APPLE CRUNCH FOR THE MONTH OF OCTOBER 2020 BY TAKING PHOTOS OF THEMSELVES BITING INTO AN APPLE AND POSTING IT ON SOCIAL MEDIA. THE INTENT WAS TO RAISE AWARENESS TO THE HEALTH BENEFITS OF MAKING HEALTHIER FOOD CHOICES. THE HOSPITAL DELIVERED 6 BASKETS OF APPLES TO COUNTY BUSINESSES ALONG WITH A HEALTHY RECIPE. BECAUSE WE HAVE A SIGNIFICANT PLAIN CHURCH/AMISH POPULATION IN LAGRANGE COUNTY, A CHALLENGE WAS PUT OUT TO AMISH SCHOOLS TO SUBMIT AN ORIGINAL RECIPE OR ESSAY ON THE APPLE. STUDENTS IN GRADES K - 8 SUBMITTED 79 ENTRIES. SIX RANDOM WINNERS WERE SELECTED TO RECEIVE WELLNESS BUNDLES FOR THEIR SCHOOL CLASSROOM.

THE HOSPITAL IMPLEMENTED A FOOD PHARMACY PROGRAM IN 2018 TO REDUCE THE NEGATIVE EFFECTS (HEALTH AND ECONOMIC) OF OBESITY, AND RELATED CHRONIC DISEASES, SUCH AS DIABETES, THROUGH EDUCATION AND HEALTHY EATING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRACTICES. PATIENTS MUST BE REFERRED BY THEIR DOCTOR, HAVE TYPE 2 DIABETES, AND A BMI>30 TO PARTICIPATE. THIS FREE 6-MONTH PROGRAM BRINGS CLASS PARTICIPANTS TOGETHER MONTHLY TO LEARN HOW TO EAT AND SHOP HEALTHIER, COOK HEALTHIER, MANAGE MEDICATION, AND MORE. SINCE STARTING, PARTICIPANTS HAVE SEEN AN AVERAGE IMPROVEMENT IN A1C LEVELS OF 1.7, AND AN AVERAGE WEIGHT REDUCTION OF 5.2 LBS., AND IMPROVEMENTS IN CHOLESTEROL AND BLOOD PRESSURE MEASUREMENTS. IN 2020, 10 PARTICIPANTS WERE ENROLLED IN THE PROGRAM. PARTICIPANTS WERE ABLE TO COMPLETE THREE SESSIONS BEFORE THE PROGRAM WAS SUSPENDED THE REMAINDER OF 2020 DUE TO COVID-19.

THE HOSPITAL PARTNERS WITH THE COLE CENTER FAMILY YMCA TO INCREASE PHYSICAL ACTIVITY BY OFFERING GROUP EXERCISE CLASSES IN LAGRANGE COUNTY. IN 2020, APPROXIMATELY 300 PEOPLE PARTICIPATED IN THESE CLASSES. (THIS IS WAY DOWN FROM THE PRIOR YEAR DUE TO THE COVID-19 PANDEMIC.) THESE GROUP CLASSES ALSO OFFER A CLOSE-KNIT COMMUNITY TO PARTICIPANTS AS THEY DEVELOP FRIENDSHIPS THROUGH REGULAR ATTENDANCE, WHICH POSITIVELY IMPACTS THEIR MENTAL HEALTH AND WELL-BEING.

MATERNAL/INFANT/CHILD HEALTH:

A COLLABORATIVE GROUP WAS FORMED IN 2019 TO BRING KEY STAKEHOLDERS FROM THE LAGRANGE COUNTY COMMUNITY TOGETHER TO ADDRESS MATERNAL/INFANT/CHILD HEALTH. BASED ON RESULTS FROM THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, CHILD HEALTH WAS IDENTIFIED AS A TOP NEED IN LAGRANGE COUNTY, EMPHASIZING CHILD ABUSE & NEGLECT AND CHILDCARE. THE GOAL OF THIS COLLABORATIVE GROUP IS TO SEE AN INCREASE IN THE NUMBER OF REFERRALS FOR PARENTAL SUPPORT, WHICH SHOULD RESULT IN A REDUCTION OF CASES OF CHILD ABUSE & NEGLECT, AND TO INCREASE THE NUMBER OF CERTIFIED CHILDCARE PROVIDERS IN LAGRANGE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTY. IN 2020, THE COLLABORATIVE GROUP MEETING FREQUENCY AND EFFORTS WERE IMPACTED BY COVID-19.

THE HOSPITAL PROVIDES FREE SUPPORT AND GUIDANCE TO PREGNANT AND NEW MOTHERS REGARDLESS OF WHETHER OR NOT THEY DELIVER AT THE HOSPITAL. IN 2020, THE FOLLOWING SERVICES WERE PROVIDED:

BIRTH PLANNING:

-18 IN HOSPITAL = 36 HOURS = STAFFING COST OF \$1,512.00 (36 PEOPLE SERVED)

-7 HOME VISITS = 21 HOURS = STAFFING COST OF \$882.00 AND MILEAGE COST OF \$72.22 (14 PEOPLE SERVED)

-BREASTFEEDING CLASS: 4 CLASSES HELD PRIOR TO COVID-19 = 10HRS = \$420 STAFF COST (8 PEOPLE SERVED)

-BREASTFEEDING, INPATIENT: 99 PATIENTS = APPROXIMATELY 212 HOURS

-BREASTFEEDING, OUTPATIENT: 50 PATIENTS = APPROXIMATELY 150 HOURS

-PRE-NATAL CLASS: 7 CLASSES FOR THE YEAR = 56 HOURS (34 PEOPLE SERVED TOTAL; 12 WERE NEW EDEN PATIENTS)

-SAFE SLEEP CLASS: 6 CLASSES = 18 HOURS = (15 PEOPLE SERVED)

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

-AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA (AIHS) SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE COUNTIES IN NORTHEAST INDIANA. THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES. THROUGH THE CARE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TRANSITIONS PROGRAM, AIHS PARTNERS WITH PARKVIEW HEALTH TO REDUCE MEDICARE READMISSIONS. IN ADDITION, THE AGENCY SERVES AS THE INITIAL COORDINATOR AND FISCAL AGENT FOR HONORING CHOICES INDIANA, WHICH IS AN INITIATIVE COMMITTED TO PROMOTING AND SUSTAINING ADVANCE CARE PLANNING (ACP) ACROSS THE STATE TO ENSURE INDIVIDUALS' FUTURE HEALTH CARE PREFERENCES ARE DISCUSSED, DOCUMENTED, AND HONORED. THROUGH HONORING CHOICES, PARKVIEW AND AIHS WORK TOGETHER TO TRAIN ACP FACILITATORS, PROMOTE BEST PRACTICE AND INCREASE PUBLIC AWARENESS ABOUT THE VALUE OF DISCUSSING HEALTH CARE DECISION MAKING IN ADVANCE OF MEDICAL CRISIS.

-CARDIOVASCULAR DISEASE & DIABETES - WHILE WE ARE NOT ADDRESSING THIS NEED SPECIFICALLY, WE WILL BE ADDRESSING OBESITY. MANY OF OUR OUTREACH INITIATIVES TO ADDRESS OR PREVENT OBESITY WILL IMPACT BOTH THESE AREAS IN THAT INTERVENTIONS ARE SIMILAR FOR THESE HEALTH ISSUES.

-TOBACCO USE - THE HOSPITAL IS A TOBACCO FREE CAMPUS AND OFFERS FREE CLASSES QUARTERLY TO COMMUNITY MEMBERS. THIS IS A 7-WEEK, 8-SESSION CLASS SERIES THAT PROVIDES SUPPORT AND EDUCATION TO HELP PEOPLE GET TOBACCO FREE. THE HOSPITAL ALSO THESE CLASSES WERE OFFERED VIRTUALLY IN 2020 DUE TO THE COVID-19 PANDEMIC.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

COMMUNITY HOSPITAL OF LAGRANGE COUNTY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

COMMUNITY HOSPITAL OF LAGRANGE COUNTY

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE
SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE
CHNA.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384);
PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE
COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.
(EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706);
WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665) AND PARKVIEW WABASH
HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT TO THE
COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE
COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL
ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES
TO DETERMINE THE COST OF SERVICES RENDERED.

Part VI Supplemental Information (Continuation)

PART I, LINE 7B

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7C

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE

Part VI Supplemental Information (Continuation)

MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. EXCLUDED \$3,542,492 OF PH CLINICAL SUPPORT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH THE HEALTH

Part VI Supplemental Information (Continuation)

SYSTEM'S STRATEGIC INVOLVEMENT IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2020, AN INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. VISION 2020'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE, AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA. PROMOTION OF ECONOMIC DEVELOPMENT IN LAGRANGE COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. SUPPORTS ECONOMIC DEVELOPMENT IN THE COUNTY THROUGH THE FOLLOWING INITIATIVES:

- LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION - FINANCIAL SPONSOR FOR EDC INFRASTRUCTURE, HOUSING DEVELOPMENT, QUALITY OF LIFE/GROWTH IN COUNTY

- LAGRANGE COUNTY CLOTHES AND FOOD BASKET - SUPPORTING FOOD PANTRY

- LAGRANGE COUNTY CONVENTION & VISITORS BUREAU - SHARE THE ROAD EDUCATION INCLUDED IN AMISH BACKROADS VISITOR GUIDE

- ACTIVE REPRESENTATION BY COMMUNITY HOSPITAL OF LAGRANGE COUNTY LEADERSHIP ON THE BOARDS OF NEARLY THIRTY COMMUNITY NON-PROFIT AND CIVIC AGENCIES IN LAGRANGE COUNTY AND THE SURROUNDING AREA, INCLUDING:

AMERICAN MEDICAL TECHNOLOGIST INDIANA STATE BOARD MEMBER

COMMUNITY IMPROVEMENT LEAGUE OF STROH - TRUSTEE FORMED COMMITTEE

LAGRANGE COUNTY COUNCIL ON AGING - BOARD MEMBER

Part VI Supplemental Information (Continuation)

LAGRANGE COUNTY CORONER'S OFFICE - DEPUTY CORONER

DRUG FREE LAGRANGE COUNTY TASKFORCE - MEMBER

HABITAT FOR HUMANITY - BOARD OF DIRECTORS MEMBER

HOWE VOLUNTEER FIRE DEPARTMENT - FIRE CHIEF AND VOLUNTEER FIRE FIGHTER

IMPACT - HEALTH OCCUPATIONS EDUCATION ADVISORY COMMITTEE

INSTRUCTOR FOR ONLINE BUSINESS CLASSES

JUNIOR ACHIEVEMENT OF LAGRANGE COUNTY - BOARD MEMBER, VOLUNTEER

LAGRANGE COUNTY COMMISSIONER

LAGRANGE COUNTY EARLY CHILDHOOD DEVELOPMENT COALITION

LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION BOARD OF DIRECTORS

LAGRANGE COUNTY HEALTH DEPARTMENT - BOARD MEMBER

LAGRANGE COUNTY HOUSING PROJECT STEERING COMMITTEE

LAGRANGE COUNTY JUDICIAL COMMITTEE MEMBER

LAGRANGE COUNTY PARK BOARD MEMBER

LAGRANGE COUNTY REGIONAL UTILITY DISTRICT

LAGRANGE COUNTY TRAILS - COMMITTEE MEMBER

LAGRANGE/NOBLE JOINT DRAINAGE BOARD

FREE MASONS MERIDIAN SUN LODGE #76 - MEMBER

NORTHEAST INDIANA SOLID WASTE DISTRICT BOARD

PARKVIEW LAGRANGE HOSPITAL ADOPT-A-HIGHWAY PROGRAM

PERSONNEL ADVISORY COMMITTEE

PURDUE EXTENSION OFFICE IN LAGRANGE COUNTY - WELLNESS COMMITTEE MEMBER

QPR INSTRUCTORS - EIGHT MEMBERS IF HOSPITAL LEADERSHIP

REMC MEMBER ADVISORY COMMITTEE

SURVIVING LOSS BY SUICIDE - FOUNDER AND SUPPORTER OF LAGRANGE COUNTY

SUICIDE SUPPORT GROUP

UNITED FUND BOARD - MEMBER

YOUTH FOR CHRIST SUPPORTER IN ALLEN AND LAGRANGE COUNTIES, LAGRANGE COUNTY

Part VI Supplemental Information (Continuation)

PROGRAM FACILITATOR

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER PARKVIEW HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY ON A GROSS BASIS.

PART III, LINE 3:

COSTING METHODOLOGY USED:

UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND ALL COLLECTION EFFORTS CEASE.

PATIENTS ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED IN A BAD DEBT AGENCY. THE AMOUNT REFLECTED ON LINE 3 WAS CALCULATED BY TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO BAD DEBT AND PLACED WITH A COLLECTION AGENCY, BUT SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE DURING THE TAX YEAR. THE

Part VI Supplemental Information (Continuation)

ACCOUNTS WERE RECLASSIFIED AS CHARITY CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FINANCIAL ASSISTANCE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 13 AND 24 - 27 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED

Part VI Supplemental Information (Continuation)

THE "UPPER PAYMENT LIMIT." IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

PART III, LINE 9B:

IF THE PATIENT CANNOT PAY IN FULL, THE OPTION OF A LOW INTEREST LOAN IS AVAILABLE WITH THE SAME DISCOUNT OFFERED FOR CASH PAYMENTS AS LONG AS THE LOAN IS ARRANGED WITHIN 30 DAYS OF THE FIRST GUARANTOR STATEMENT. IF THE PATIENT DEFAULTS ON THE LOAN, THE DISCOUNT WILL BE REVERSED AND THE PATIENT'S ACCOUNT WILL BE PLACED IN A COLLECTION AGENCY.

INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED THIRTY-SIX (36) MONTHS ARE AVAILABLE. THE MINIMUM MONTHLY PAYMENT IS \$25.

FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL. THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM. THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW.COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260.266.6700 OR TOLL FREE 855.814.0012. A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME DURING THE APPLICATION PERIOD.

Part VI Supplemental Information (Continuation)

FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT.

THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES WHICH MAY ULTIMATELY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE. ADDITIONALLY, THE COLLECTION AGENCY MAY SUE AND OBTAIN A JUDGMENT AGAINST THE PATIENT FOR NON-PAYMENT. THESE ACTIONS WILL NOT OCCUR UNTIL 120 DAYS AFTER THE PATIENT IS SENT THEIR FIRST FOLLOW-UP STATEMENT INDICATING THE AMOUNT THEY OWE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN THOUGH THEY HAVE BEEN PLACED WITH A COLLECTION AGENCY. IF THE PATIENT WAS SENT THEIR FIRST NOTICE ON THE ACCOUNT FOR WHICH THEY ARE APPLYING FOR FREE CARE BETWEEN 120 DAYS AND THE END OF THE APPLICATION PERIOD, THE ACTIONS ABOVE WILL BE SUSPENDED UNTIL THE FREE CARE APPLICATION ELIGIBILITY IS DETERMINED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HEALTH SYSTEM, INC., INCLUDING COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING

Part VI Supplemental Information (Continuation)

WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF.

- DATA COLLECTION FROM COMMUNITY HEALTH WORKERS

- HCI SECONDARY DATA

- MEETING WITH COMMUNITY PARTNERS

- OBSERVATIONS FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS

- REVIEW OF CHNA CONDUCTED BY LOCAL ORGANIZATIONS

HOSPITAL REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS THROUGHOUT THE
COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF
IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE
SERVE.

PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS
WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE
UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE
ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF
REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN
LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE
REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT.
PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL

Part VI Supplemental Information (Continuation)

ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., PRIMARILY SERVES THE LAGRANGE COUNTY COMMUNITIES OF LAGRANGE, TOPEKA, SHIPSHEWANA, WOLCOTTVILLE, AND HOWE, INDIANA. AS THE ONLY HOSPITAL IN THIS COUNTY, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC., ALSO SERVES, TO A LIMITED EXTENT, SURROUNDING COMMUNITIES IN THE EASTERN PORTION OF ELKHART COUNTY, INDIANA, THE WESTERN PORTION OF STEUBEN COUNTY, INDIANA, AND SOME OF THE SOUTHERN PORTIONS OF CASS, ST. JOSEPH, AND BRANCH COUNTIES IN MICHIGAN.

IN APRIL 2020, THE POPULATION OF LAGRANGE COUNTY WAS APPROXIMATELY 39,614. ACCORDING TO STATS.INDIANA.EDU AND THE U.S. CENSUS BUREAU, 95.6% OF THE RESIDENTS ARE CAUCASIAN (NON-HISPANIC) AND 4.4% ARE HISPANIC. THE MEDIAN INCOME IN LAGRANGE COUNTY IS \$64,498. THE COVID-19 PANDEMIC CREATED AN UNANTICIPATED SPIKE IN THE UNEMPLOYMENT RATE IN MAY OF 2020 UP TO 10.2%. THE PERCENTAGE OF THE POPULATION LIVING IN POVERTY DECREASED SLIGHTLY TO 7.5%.

ACCORDING TO THE LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION, PLAIN CHURCH RESIDENTS, INCLUDING MEMBERS OF THE AMISH COMMUNITY, MAKE UP APPROXIMATELY 45% OF THE TOTAL POPULATION OF LAGRANGE COUNTY. FOR THE MEMBERS OF THESE FAITH-BASED COMMUNITIES, TRAVEL IS BY HORSE AND BUGGY OR BICYCLE; COMMUNICATIONS ARE PRIMARILY FACE-TO-FACE OR THROUGH THE USE OF MULTI-FAMILY CENTRALIZED PARTY LINE TELEPHONE BOOTHS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

THE MAJORITY OF THE COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND CERTIFIED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED CARE, VOLUNTEERISM AND MUCH MORE. THE FOLLOWING ARE SOME OF THE WAYS COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER:

THE COMMUNITY HEALTH IMPROVEMENT COMMITTEE (CHIC) OF COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. IS A PROGRAM THAT PROVIDES GRANT SUPPORT FOR COMMUNITY HEALTH INITIATIVES DELIVERED BY NOT-FOR-PROFIT COMMUNITY

Part VI Supplemental Information (Continuation)

ORGANIZATIONS THAT SHARE THE HOSPITAL'S MISSION TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF LAGRANGE COUNTY AND PROVIDE SERVICES THAT ARE NOT AVAILABLE THROUGH THE HOSPITAL. FUNDS ARE AWARDED BASED ON THE TOP NEEDS THAT WERE IDENTIFIED FOR LAGRANGE COUNTY THROUGH THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT.

THE FOLLOWING CHIC INITIATIVES WERE SUPPORTED THROUGH HEALTH PARTNERS WHO ALIGN WITH THE TOP COMMUNITY HEALTH NEEDS IDENTIFIED FOR LAGRANGE COUNTY AND NORTHEAST INDIANA. FUNDED PROGRAMS PROVIDING SUPPORT TO LAGRANGE COUNTY PATIENTS IN 2020 INCLUDED:

-LAGRANGE COUNTY COUNCIL ON AGING (COA) - SUPPORT WAS PROVIDED TO ASSIST WITH OPERATIONAL SUPPORT FOR THE COA'S SERVICES TO SENIORS, INCLUDING TRANSPORTATION TO ACCESS HEALTHCARE AND WELL-BEING RESOURCES SUCH AS ACCESS TO FOOD AND EXERCISE, AND HOMEMAKER SERVICES THAT HELP REDUCE THE RISK OF A FALL OR OTHER INJURY.

-BRIGHTPOINT - SUPPORT WAS PROVIDED TO ASSIST WITH OBTAINING HEALTHCARE COVERAGE FOR CHILDREN AND THEIR FAMILIES.

-CANCER SERVICES OF NORTHEAST INDIANA - SUPPORT WAS PROVIDED TO ASSIST PATIENTS WITH HEALTHCARE SUPPLIES NOT COVERED BY INSURANCE, FOR EDUCATION RELATED TO WELLNESS AND HEALTHY LIFESTYLE PRACTICES.

-WESTVIEW SCHOOL CORPORATION - SUPPORT WAS PROVIDED TO ASSIST WITH THE OBTAINING MEDICAL SUPPLIES TO PUT TOGETHER SAFETY BAGS FOR CLASSROOMS TO HELP WITH FIRST AID AND STOP THE BLEED INITIATIVE.

Part VI Supplemental Information (Continuation)

-TOWN OF LAGRANGE - SUPPORT WAS PROVIDED TO ASSIST WITH PLAYGROUND & SPLASH PAD PROJECT THAT PROVIDES A SAFE PLACE FOR YOUTH AND PEOPLE OF ALL AGES TO BE ACTIVE AND HAVE A SENSE OF COMMUNITY WITH EACH OTHER.

-LAGRANGE COUNTY ECONOMIC DEVELOPMENT CORPORATION - SUPPORT WAS PROVIDED TO ASSIST WITH EFFORTS AROUND ACCESS TO HOUSING AND INCREASING CAPACITY FOR CERTIFIED EARLY LEARNING PROGRAMS.

-RESPECTTEAM - SUPPORT WAS PROVIDED TO BRING EDUCATION AND PROGRAMMING ON MENTAL HEALTH/SUBSTANCE USE, AND WELLNESS TO STUDENTS AT PRAIRIE HEIGHTS SCHOOLS GRADES 6-12.

-LAGRANGE COUNTY SHERIFF'S DEPARTMENT - SUPPORT WAS PROVIDED TO PUT TOGETHER SUPPLIES FOR ACTIVE SHOOTER BAGS.

-LAGRANGE COUNTY HEALTH COALITION - SUPPORT WAS PROVIDED FOR THE CLEAN THE RIVER HEALTH CHALLENGE.

-LIFEBRIDGE PROGRAM - SUPPORT WAS PROVIDED FOR EDUCATION ON 'ASSISTING INDIVIDUALS IN CRISIS AND GROUP CRISIS', AND THEN TO SIT FOR THE CISM (CRISES INCIDENT STRESS MANAGEMENT) CERTIFICATION EXAM.

PATIENT & FAMILY ADVISORY COUNCIL (PFAC): IN 2020, COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. CONTINUED ITS PARTNERSHIP WITH PATIENTS AND PATIENT FAMILY MEMBERS THROUGH THE HOSPITAL'S PFAC. THE PFAC MEMBERS PROVIDED FEEDBACK ABOUT PROCESSES AND COMMUNICATION OPPORTUNITIES THAT WOULD IMPROVE QUALITY AND THE PATIENT EXPERIENCE. AREAS IMPACTED BY THE PFAC'S INVOLVEMENT DURING 2020 WERE:

Part VI Supplemental Information (Continuation)

-PROVIDING INPUT AND FEEDBACK REGARDING THE HOSPITAL'S VISITOR RESTRICTION PROCESS AND COMMUNICATION AS A RESULT OF THE COVID-19 PANDEMIC.

-PROVIDING INPUT AND FEEDBACK ON HOW MANDATORY MASKING IS VIEWED FROM THE PLAIN CHURCH/AMISH PERSPECTIVE AND THE GENERAL POPULATION, AND HOW IT IMPACTS THE COMMUNICATION PROCESS BETWEEN CAREGIVERS, PATIENTS & FAMILY/SUPPORT MEMBERS.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; DEKALB MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING, AND DELIVERING ITS SERVICES, AND SUPPORTING LOCAL BUSINESSES AND ACTIVITIES. PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFIT PATIENTS, PHYSICIANS, CO-WORKERS, AND COMMUNITIES. EACH HOSPITAL

Part VI Supplemental Information (Continuation)

ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. AS A COLLECTIVE GROUP, ALL AFFILIATE HOSPITALS HAVE CAREFULLY CHOSEN TO FOCUS ON THE HEALTH PRIORITY OF OBESITY AND THE PROMOTION OF A HEALTHY LIFESTYLE. THIS INCLUDES EDUCATION ON GOOD NUTRITION, CONSUMPTION AND ACCESS TO HEALTHY FOODS, AND AN ACTIVE LIFESTYLE. THE ABOVE FOCUS WAS SELECTED FROM A LIST OF HEALTH ISSUES THAT RESIDE IN THE SEVEN-COUNTY AREA.

IN 2020, PARKVIEW HEALTH WORKED DILIGENTLY IN THE REGION TO ASSURE SAFE, COMPASSIONATE, AND APPROPRIATE CARE THROUGHOUT THE COMMUNITIES RELATED TO THE COVID-19 PANDEMIC. THE HEALTH SYSTEM AND ITS AFFILIATED HOSPITALS WERE IDENTIFIED AS A TRUSTED SOURCE OF INFORMATION, CARE, AND COMMITMENT TO EXCELLENCE. THIS INCLUDED THE EFFICIENT, EFFECTIVE, AND MOST UPDATED CARE OF CORONAVIRUS PATIENTS AS WELL AS AN ONGOING TRUSTED SOURCE OF RESEARCH-BASED EDUCATION AND COMMUNICATION. PARKVIEW HEALTH AND ITS COMMUNITY HOSPITALS WERE INTIMATELY INVOLVED IN LOCALLY PROMOTING SOCIAL DISTANCING, SAFE MASKING PRACTICES, LOCAL TESTING FOR THE VIRUS, AND ASSISTING WITH VACCINATION DISTRIBUTION.

PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES, AND STAFF. PARKVIEW'S MISSION AND VISION IS: AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3)

Part VI Supplemental Information (Continuation)

PROVIDING THE EXCELLENCE, INNOVATION, AND VALUE YOU SEEK IN TERMS OF
CONVENIENCE, COMPASSION, SERVICE, COST, AND QUALITY 4) "EXCELLENT CARE,
EVERY PERSON, EVERY DAY". PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES
SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE,
HIGH-QUALITY HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A
RURAL OR URBAN SETTING.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
IN

PART VI, LINE 7:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE
DEPARTMENT OF HEALTH.